



JOHN W. HICKENLOOPER  
Mayor

# CITY AND COUNTY OF DENVER

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Nancy J. Severson, Manager

SDMS Document ID



2046679

Division of Environmental Quality  
201 W Colfax Ave Dept 1009  
Denver, CO 80202  
PHONE: (720) 865-5452  
FAX: (720) 865-5534  
[www.denvergov.org/DEH](http://www.denvergov.org/DEH)

May 12, 2006

Victor Ketellapper, P.E.  
Project Manager  
U.S. Environmental Protection Agency – Region VIII  
Superfund Program  
999 18th St., Suite 300  
Denver, Colorado 80202-2466

2006 MAY 22 AM 7:42  
EPA REGION VIII  
SUPERFUND BRANCH

Dear Mr. Ketellapper:

The April 2006 monthly status reports for the VB/I-70 Community Health Program are appended. As always, please feel free to contact me if you have any questions or would like to modify the content, format, or distribution of future reports.

Sincerely,

Martha F. Hoff, CIH, CSP  
VB/I-70 Community Health Program Administrator

Enclosures (7)

VB/I-70 CHP April 2006 Program Activities Report  
VB/I-70 April 5, 2006 Steering Committee Agenda and Notes  
VB/I-70 CHP April 2006 Arsenic Data and Case Management Subcommittee Report  
VB/I-70 CHP April 2006 Biomonitoring Subcommittee Report

cc:

Lorraine Granado – Cross Community Coalition  
Beverly Lumumba, Ph.D. – Clayton Neighborhood Association  
Michael Maes – Swansea Neighborhood  
Gloria A. Shearer – Cole Neighborhood Association  
Akwe Starnes – Whittier Neighborhood Association  
Anthony Thomas – Civic Association of Clayton  
Jim Weaver – Cole Neighborhood Association  
Raquel Holquin – CEASE  
Joan Hooker – Clayton Neighborhood Association

(via email only):

Sandy Douglas – Cole Neighborhood Association  
Celia VanDerLoop – City and County of Denver, Department of Environmental Health  
Bill Benerman – City and County of Denver, Department of Environmental Health  
Gene Hook – City and County of Denver, Department of Environmental Health  
Jason Salas – City and County of Denver, Department of Environmental Health  
Beverly Tafoya-Dominguez – City and County of Denver, Department of Environmental Health  
Jennifer Chergo – U.S. Environmental Protection Agency, Region VIII  
Patricia Courtney – U.S. Environmental Protection Agency, Region VIII  
Jane Mitchell – Colorado Department of Public Health and Environment  
Mishelle Macias – Colorado Department of Public Health and Environment  
Wendy Hawthorne – Northeast Denver Housing Center  
Clementine Pigford – Northeast Denver Housing Center  
Tonya Hope – c/o Northeast Denver Housing Center  
Paul Melinkovich, M.D. – Denver Health and Hospital Authority  
Mark Anderson, M.D. – Denver Health and Hospital Authority/PEHSU  
Chris Poulet – Agency for Toxic Substances and Disease Registry  
George Weber – George Weber Inc. Environmental

**Residential Canvassing Statistics**  
**Period Ending 04/30/2006**  
**[Jay Salas – DEH]**

<b>Clayton</b>				
Not Home	Home Visit	Partial Visit	Access Agreement	Total
623	317	470	34	1410

<b>Cole</b>				
Not Home	Home Visit	Partial Visit	Access Agreement	Total
578	632	54	26	1264

<b>Swansea/Elyria</b>				
Not Home	Home Visit	Partial Visit	Access Agreement	Total
207	130	4	5	341

<b>Globeville</b>				
Not Home	Home Visit	Partial Visit	Access Agreement	Total
44	24	7	2	75

<b>Curtis Park/5 Points</b>				
Not Home	Home Visit	Partial Visit	Access Agreement	Total
58	29	15	3	102

<b>VB/I-70</b>				
Not Home	Home Visit	Partial Visit	Access Agreement	Total Contacts
1427	1132	550	70	3192

**Definitions**

Not Home – A residence where contact was attempted, but no was at home.

Home Visit – A residence where a *complete* home visit has been made.

Partial Visit – A residence where a home visit is in process; a home visit is not considered complete until all follow-up activity has been completed (e.g. phone call, EPA referral, additional information request, etc.).

Access Agreement – A residence where a soil sampling access agreement was obtained by the CHW via a home visit.

Total Contacts – Sum of not home, home visit, and partial visit contacts.

**Real Estate/Contractor/Vendor Outreach  
Immediate and Midterm Activities Report  
[Elizabeth Schiffman – DEH]**

**Real Estate and Contractor Outreach**

**April Status Report**

- Conduct research on feasibility of using City contractor licensing and building permit documents to widen target audience – **COMPLETE** → decision made that they are not useful for present purposes
- Prepare presentation for April working group meeting – **COMPLETE**
- Re-establish contact with company to make badges for CHWs – **COMPLETE**
- Assemble packet for real estate outreach – **COMPLETE**
- Assemble packet for contractor outreach – **COMPLETE**
- Draft cover letters for outreach packets – **IN PROCESS**
- Send sample packets and cover letters to ODG for review – **IN PROCESS**
- Schedule and facilitate focus group meeting to finalize outreach plans for mailings – **COMPLETE**
- Develop system to track mailings and outreach activities – **COMPLETE**
- Compile initial lists of contractors and realtors for outreach mailing – **COMPLETE**
- Contact relevant state and local real estate publications to assess viability of publishing article on lead – **COMPLETE**

**May Tasks:**

- Begin mailing packets to VB/I-70 contractors and realtors
- Identify housing inspector contacts and assemble packet
- Write articles for publication in early summer
- Finalize summer outreach plans for mailings, event table, etc.

**VB/I-70 Community Health Program  
April 2006 Status Report  
Program Activities Report**

**April Activities and Tasks**

**Health Education and Community Outreach**

**Community Health Workers**

- Continued canvassing activities as permitted by weather; canvassing numbers through 04/30/2006 are found at the end of this report.
- Participated in EPA Working Group meeting on 04/06/2006.

**Program Management, Development, Administration and Community Partnership Management**

- Continued data entry of year one field data; current field data entered weekly; entry expected to be complete by the end of May.
- Developed revised home visit evaluation procedure and calling survey protocol.

**Development**

- Real Estate/contractor/vendor outreach activity summary is found at the end of this report.
- Delayed printing and collating of outreach folder with indexed dividers for educational material until new CHWs have been hired and trained, and data entry/database development is nearing completion.

**Administration**

- Finalized amendment text for DHHA contract for second year program services.
- Completed final year one budget analysis after receipt of 2005 DEH final close financial data.
- Continued activities to hire up to eight additional CHWs (approximately 20 hours/week positions).
- Completed amendment of CHW contract to include translation services.
- Reviewed available community spaces for the relocation of the community office.

**Biomonitoring**

- See Biomonitoring Subcommittee April report, as submitted.

**Lead and Arsenic Data/Case Management**

- Continued working with DHHA medical/mapping programmer to further develop VB/I-70 lead data maps.
- See Arsenic Data and Case Management Subcommittee April report, as submitted.
- A Lead Data and Case Management Subcommittee meeting was not held in April.

**May Activities and Tasks**

**Health Education and Outreach**

**Community Health Workers**

- Continue with canvassing, home visit evaluation, and data entry tasks.

**Program Management, Development, Administration and Community Partnership Management**

- Continue with home visit evaluation project using new phone survey protocol.

**Development**

- Develop and submit year three canvassing and contractor outreach budget to EPA.
- Continue real estate and contractor outreach packet development.
- Define biomonitoring outreach activities and timeline for summer 2006.

**Administration**

- Complete first program year budget report for EPA.
- Relocate community office; purchase supplies as necessary.

**Community Partnership**

- Continue to support community and EPA partnership in obtaining remaining sampling access agreements and in identifying properties not on master list.
- Begin compiling community event master list – summer/fall 2006.
- Mail sample real estate and contractor outreach packets to ODG community members for review.

**Future Activities and Task****Health Education and Outreach****Community Health Workers**

- As time permits, assist in developing methods to reach mothers with newborns to provide early intervention education; conduct focused “mini” outreach campaign if feasible.
- As time permits, assist in developing “parent-pack” outreach materials.
- Participate in training on second home visit content.

**Program Management, Development, Administration and Community Partnership Management**

- Define additional program outreach methods and audiences, as necessary.
- Evaluate and analyze program data.

**Development**

- Develop methods to reach mothers with newborns – early intervention focus.
- Develop “parent-pack” lead poisoning educational material.
- Develop/print folder and indexed dividers for outreach material.
- Complete development of final outline, materials, and conversation pathways for second home visit.

**Administrative**

- Release first program year data and evaluation report.

**Community Partnership**

- Develop any new outreach material identified for second home visit with ODG.
- Work with Cross Community Coalition to develop a newsletter article on CHP.

**VB/I-70 CHP**  
**Steering Committee Meeting Agenda and Notes**  
**Wednesday, April 5, 2006**

**Agenda**

1. Evaluation measures – first annual report; ID release date
  - ◊ Lead data – QNS
  - ◊ Arsenic Data
  - ◊ Residency/12 hour criteria – DHHA/CDPHE data reconciliation
  - ◊ Text summaries
2. Memorandum of Agreement
3. NDHC mini-investigations - update
4. EPA update
5. Community Health Education and Outreach – field activity update/hiring
6. Biomonitoring – subcommittee update
  - ◊ Arsenic
  - ◊ Lead – clinic strategy
7. Arsenic Data and Case Management – subcommittee update
8. Lead Data and Case Management – subcommittee update
  - ◊ Mapping – mapping (Globe and CP child count; 12 hr rule)
  - ◊ Case management – QNS/cap elevated/confirmed elevated – no response referrals
9. Medical Management – subcommittee update
10. Medical Provider Education – subcommittee update

**Notes**

The committee discussed data management issues pertaining to QNS samples and came to consensus on how to handle these tests annual and program reporting. There was a brief discussion on the “12-hour rule” – Wendy Hawthorne indicated that the state lead regulation identifies a residence as “child occupied” if the child spends twelve or more hours there per week. Mishelle Macias’ input is needed.

Lead and arsenic data compilation for the annual report is nearing completion. Each subcommittee will need to provide a text summary of the committee’s work and findings for the first program year.

The Memorandum of Agreement (MOA) is pending ATSDR signature; all other agencies have signed the MOA.

Wendy Hawthorne provided a brief update on indoor lead mini-investigations.

Victor Ketellapper provided an update on EPA field activities (soil removal and sampling). Victor also reviewed the status of newly identified properties (approximately 240). Approximately twenty property owners have refused soil removal; 140 “last chance” letters were recently mailed to property owners who have not signed sampling access agreements.

Jane Mitchell updated the committee on the biomonitoring arsenic focus group activities. Arsenic testing for the 2006 season is moving toward targeting testing based upon soil levels, child age, pica behavior, and a number of other parameters.

The committee discussed lead biomonitoring and testing strategies for the 2006 season. Victor indicated that the EPA favors more outreach and education during the summer months – utilizing the CHW and resident interaction to promote lead testing. The biomonitoring lead focus group will evaluate last year’s data and EPA suggestions to develop a proposed summer plan. DEH and CDPHE will meet weekly beginning 04/11/2006 to define both the lead and arsenic testing and outreach potential strategies. The group will evaluate EPA’s input to make September clinic month and to test at relevant daycare/preschool sites over the summer months. Martha will update the preschool/daycare site list.

Jane requested copies of the draft maps that DHHA has produced based upon 2005 lead testing data. Martha will ask Kevin McCullen at DHHA to forward the maps.

**VB/I-70 Community Health Program  
April 2006 Status Report  
Subcommittee Report**

<b>Arsenic Data and Case Management Subcommittee</b>	
US EPA Region VIII	Wendy O'Brien or alternate
DEH	Gene Hook
CDPHE	Jane Mitchell - chair

<b>Arsenic Data and Case Management Subcommittee Tasks</b>
<ol style="list-style-type: none"> <li>1. Identify and select preferred reporting methods and format for arsenic data. <b>[Complete]</b></li> <li>2. Develop a quality assurance and quality control plan for arsenic data management. <b>[Complete]</b></li> <li>3. Develop a secure database system to assist with arsenic data management, reporting, and tracking. <b>[Complete]</b></li> <li>4. Develop acceptable case tracking protocols. <b>[Complete]</b></li> <li>5. Develop case coordination protocols. <b>[Complete]</b></li> <li>6. Identify appropriate trigger levels for case management and case coordination. <b>[Complete]</b></li> <li>7. Develop evaluation and reporting mechanisms, and schedule for arsenic data and case management issues. <b>[On-going]</b></li> <li>8. Report to the Steering Committee on progress, status, and issues requiring resolution. <b>[On-going]</b></li> </ol>

<b>April 2006 Activities and Tasks</b>
Staff attended weekly planning meetings with DEH in April to begin development of a flowchart to identify target homes for arsenic biomonitoring. Protocols for arsenic data management, result reporting, and follow-up activities will be developed once the in-home testing procedures are finalized.
<b>May 2006 Activities and Tasks</b>
Develop program protocols for arsenic data management, result reporting, and follow-up activities. Provide training to biomonitoring staff and CHWs, as needed. Coordinate with DEH to develop referral mechanism and materials, to compile a list of targeted individuals who express an interest in arsenic testing during a home visit.
<b>Future Activities and Task</b>
On-going data entry for arsenic testing participants. Provide results to participants in a timely fashion. Provide retest and other follow-up recommendations for any participants with an elevated or invalid test. Coordinate with lead staff to facilitate linkage between pilot in-home lead testing and homes where there is a child targeted for arsenic testing.



**VB/I-70 Community Health Program  
April 2006 Status Report  
Subcommittee Report**

<b>Biomonitoring Subcommittee</b>	
US EPA Region VIII	Wendy O'Brien or alternate
DEH	Gene Hook
DHHA	Marti Potter
	Linda Kauffman
CDPHE	Mishelle Macias – <b>co chair, Lead</b>
	Jane Mitchell – <b>co chair, Arsenic</b>
Community Technical Advisor	Michael Kosnett, MD (CEASE)
ATSDR	Chris Poulet
DHHA	Paul Melinkovich, MD
PEHSU	Mark Anderson, MD

<b>Biomonitoring Subcommittee Tasks</b>
<ol style="list-style-type: none"> <li>1. Identify and select preferred biological media and test methods for arsenic and lead biomonitoring. <b>Complete</b></li> <li>2. Recommend preferred methodologies for biological sample collection. <b>Complete</b></li> <li>3. Develop a quality assurance/quality control plan for biomonitoring program.</li> <li>4. Identify and evaluate suitable laboratory protocols and assist with selection of acceptable analytical laboratories with a demonstrated ability to meet program data quality requirements. <b>Complete</b></li> <li>5. Develop required consent agreements to provide informed consent for community members considering participation in biomonitoring program. <b>Complete</b></li> <li>6. Coordinate with DHHA to address HIPPA concerns with blood lead biomonitoring activities and to provide required data confidentiality. <b>Complete</b></li> <li>7. Develop mechanisms to ensure the medical confidentiality of biomonitoring information. <b>Complete</b></li> <li>8. Ensure that appropriate state IRB reviews are conducted, if required, and coordinate with DHHA to determine need for COMIRB review. <b>Complete</b></li> <li>9. Interface with the community outreach and health education planning process as needed. <b>Complete</b></li> <li>10. Develop evaluation and reporting mechanisms, and schedule for biomonitoring issues, as requested by the steering committee. <b>Ongoing</b></li> <li>11. Report to the Steering Committee on progress, status, and issues requiring resolution. <b>Ongoing</b></li> </ol>

<b>April Activities and Tasks</b>
<p>Biomonitoring staff continued to meet with DEH staff and NDHC staff to develop and refine a clinic schedule for 2006. The proposed biomonitoring schedule may incorporate minimal clinics during June, July and August, and a concentrated clinic effort in September. Targeted in-home testing for arsenic and a pilot of a small number of in-home lead tests is being discussed. Biomonitoring staff are coordinating with DEH to develop a flowchart for clinic and in-home testing. DEH will provide summary data from their home visits and program database to help</p>

identify targeted properties and at-risk children.

### **May Activities and Tasks**

The biomonitoring staff plans to continue weekly clinic discussions and may begin targeted testing in homes of children marked as a concern for arsenic exposure, with linkage to the in-home lead testing pilot. The group identified a goal of having all clinic testing sites scheduled for the entire summer by the end of May to improve program outreach and advertising.

### **Future Activities and Tasks**

Biomonitoring is planned to begin in May or June. We will continue to plan clinics and develop targeted in-home testing protocols, offer training to CHWs and successfully staff clinics and in-home sample collection, once the schedule is developed.